Complete Summary

TITLE

Radiology: percentage of patients undergoing screening mammograms whose assessment category (e.g., Mammography Quality Standards Act [MQSA], Breast Imaging Reporting and Data System [BI-RADS®], or FDA approved equivalent categories) is entered into an internal database that will, at a minimum, allow analysis of abnormal interpretation (recall) rate.

SOURCE(S)

American College of Radiology, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Radiology physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2009 Feb. 42 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients undergoing screening mammograms whose assessment category (e.g., Mammography Quality Standards Act [MQSA], Breast Imaging Reporting and Data System [BI-RADS®], or Food and Drug Administration [FDA] approved equivalent categories) is entered into an internal database that will, at a minimum, allow analysis of abnormal interpretation (recall) rate.

RATIONALE

Recent studies have shown that while radiologists surpass recommendations for most mammography services, the recall rate for almost half of radiologists is higher than recommended. Collecting the data elements required to allow for internal calculation of recall rate is a first step in encouraging quality improvement activities.*

*The following clinical recommendation statements are quoted <u>verbatim</u> from the referenced clinical guidelines and represent the evidence base for the measure:

Certain minimum raw data should be collected and utilized to calculate important derived data that allow each radiologist to assess his or her overall performance in mammography interpretation. (American College of Radiology [ACR])

The Basic Clinical Relevant Mammography Audit: The Core [Derived] Data to be Collected and Calculated [from Raw Data includes]: Abnormal interpretation (recall) rate for screening cases. (ACR)

Each facility shall establish and maintain a mammography medical outcomes audit program to follow up positive mammographic assessments and to correlate pathology results with the interpreting physician's findings. This program shall be designed to ensure reliability, clarity, and accuracy for the interpretation of mammograms. Analysis of these outcome data shall be made individually and collectively for all interpreting physicians at a facility at least annually. (ACR)

Accurate record keeping, patient tracking, and outcome analysis are important for effective, diagnostic mammographic imaging evaluations. (ACR)

PRIMARY CLINICAL COMPONENT

Screening mammography; assessment category

DENOMINATOR DESCRIPTION

All patients undergoing screening mammograms

NUMERATOR DESCRIPTION

Patients whose assessment category (e.g., Mammography Quality Standards Act [MQSA], Breast Imaging Reporting and Data System [BI-RADS®], or Food and Drug Administration [FDA] approved equivalent categories) is entered into an internal database that will, at a minimum, allow analysis of abnormal interpretation (recall) rate (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

<div style="background-color:#8080f0;text-align:center;font-weight:bold;color:white">Evidence Supporting the Measure</div>

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

<div style="background-color:#8080f0;text-align:center;font-weight:bold;color:white">Evidence Supporting Need for the Measure</div>

NEED FOR THE MEASURE

Use of this measure to improve performance

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Rosenberg RD, Yankaskas BC, Abraham LA, Sickles EA, Lehman CD, Geller BM, Carney PA, Kerlikowske K, Buist DS, Weaver DL, Barlow WE, Ballard-Barbash R. Performance benchmarks for screening mammography. Radiology2006 Oct;241(1):55-66. PubMed

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Ancillary Services
Hospitals
Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

All patients, regardless of age

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All patients undergoing screening mammograms

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions
All patients undergoing screening mammograms

Exclusions
None

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Diagnostic Evaluation
Encounter

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions
Patients whose assessment category (e.g., Mammography Quality Standards Act [MQSA], Breast Imaging Reporting and Data System [BI-RADS®], or Food and Drug Administration [FDA] approved equivalent categories) is entered into an internal database that will, at a minimum, allow analysis of abnormal interpretation (recall) rate*

*Definition of abnormal interpretation (recall) rate: Any screening mammograms that receive an MQSA assessment category of incomplete, probably benign, suspicious, or highly suggestive of malignancy; BI-RADS® category 0, 3, 4, or 5; or FDA-approved equivalent assessment categories.

Exclusions
None

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

EXTENT OF MEASURE TESTING

Unspecified

ORIGINAL TITLE

Measure #2: mammography assessment category data collection.

MEASURE COLLECTION

The Physician Consortium for Performance Improvement® Measurement Sets

MEASURE SET NAME

Radiology Physician Performance Measurement Set

SUBMITTER

American Medical Association on behalf of the American College of Radiology, Physician Consortium for Performance Improvement®, and National Committee for Quality Assurance

DEVELOPER

American College of Radiology
National Committee for Quality Assurance
Physician Consortium for Performance Improvement®

FUNDING SOURCE(S)

Unspecified

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FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

INCLUDED IN

Ambulatory Care Quality Alliance

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2007 Oct

REVISION DATE

2009 Feb

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: American College of Radiology, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Radiology physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2007 Oct. 42 p.

SOURCE(S)

American College of Radiology, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Radiology physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2009 Feb. 42 p.

MEASURE AVAILABILITY

The individual measure, "Measure #2: Mammography Assessment Category Data Collection," is published in the "Radiology Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: www.physicianconsortium.org.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on February 1, 2008. The information was verified by the measure developer on April 10, 2008. This NQMC summary was updated by ECRI Institute on April 23, 3009. The information was verified by the measure developer on September 16, 2009.

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